



NHDAMF - DIVISION OF WEIGHTS AND MEASURES
25 CAPITOL STREET
PO BOX 2042
CONCORD NH 03302-2042

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APPLICATION FOR INITIAL
WEIGHMASTER LICENSE

INSTRUCTIONS

(Read carefully before filling out this form)

1. In accordance with PART Agr 1403, Licensing of Weighmasters, this application **shall be complete and accurate** as to all information requested for an individual to obtain a license to operate as a weighmaster in the State of New Hampshire.
2. Applicant must contact the Division of Weights and Measures for the appropriate application fee. Checks or money orders are to be made payable to **Treasurer State of New Hampshire**, and mailed to :**NH Dept. of Agriculture, Markets and Food, Division of Weights and Measures, PO Box 2042, Concord , NH 03302-2042.**
3. Applicant **Must Obtain** a current copy of the departments weights and measures rules prior to any license being issued.
4. Applicant must pass a written examination with a minimum score of 70%.

FOR OFFICE USE ONLY

Date Received _____ Check No.: _____
Fee Received: _____ Approved _____
Disapproved / Reason: _____
Date App. Sent _____ ExpDate: _____
Exam Date: _____
ExamScore _____
License Number: _____
Rule Number: _____

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

5. Applications shall be signed by the person applying for a license.

Date: _____, 200__

Name: _____
(Last) (First) (Middle)

Residence: Street _____

City: _____ State: _____ (9 Digit) Zip Code: _____ - _____

Mailing Address if different from above: _____

Home Telephone #: _____ () _____ Date of Birth: _____ / _____ / _____

Drivers License #: _____ State where issued: _____ County: _____

E-mail Address if Available: _____

If applicant has held a weighmaster license under another name, provide that name: _____

Most Recent Previous Residence or Residences: (If less than 5 years at current residence)

Street: _____ City: _____ State: _____ Zip Code: _____

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Present Employer:

Contact Person: _____

Co. Telephone #: ____ (____) ____ - _____

Fax #: ____ (____) ____ - _____

Toll Free #: ____ (____) ____ - _____

Co. E-Mail Address if Available: _____

Company Name: _____

Street: _____ City: _____

State: _____ (9 Digit) Zip Code: _____ - _____ County: _____

Mailing Address If Different From
Above: _____

Most recent past employer for whom you have worked and held a valid weighmaster license:

Company Name: _____

Street: _____ City: _____

State: _____ (9 Digit) Zip Code: _____ - _____

Type of weighing equipment used:

Manufacture: _____ Model #: _____ Serial No.: _____

Capacity: _____ Type of Indicator: _____ Length of
Deck: _____

Date last certified: _____ Company certifying scale: _____

Pursuant to Agr 1403.03(b)(15) -- Please read, sign and date:

1. AI certify that I have in my possession a current copy of the weighmaster rules, pursuant to Agr 1403.03(d), and that I shall operate in accordance with these rules.@
2. AI certify that there are no willful misrepresentations or falsifications in the information provided within.@
3. AI understand if an investigation discloses any willful misrepresentations or falsifications my application shall be rejected.@
4. AI, after issuance of my weighmaster license, should an investigation disclose any misrepresentations or falsifications, my license shall be suspended and I shall be subject to penalties under RSA 438:40.@

Signature of Applicant

Date